DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Usage Dependent Ticket to Protect Copy-Protected Material

mvendou chadea C	sage Dependent Ticket to	Trotect Copy-Trotected Materia	<u>ai</u>
the specification of	which (check one)		
X is attached he			
was filed on		as Application Serial No	and was
amended on			
	(if applicable).		
I hereby state tha	t I have reviewed and under	erstand the contents of the above-id	entified specification, including the
claims, as amended	by the amendment(s) refer	ed to above.	
I acknowledge th	e duty to disclose informat	ion which is material to the patenta	bility of this application in accordance
with Title 37, Code	of Federal Regulation, 31.5	56(a).	
I hereby claim fo	reign priority benefits unde	er Title 35, United States Code, 3 1	19 of any foreign application(s) for
			eign application for patent or inventor
certificate having a f	filing date before that of the	application on which priority is cl	aimed:
	- '	R FOREIGN APPLICATION(S)	
COUNTRY	APPLICATION	DATE OF FILING	PRIORITY CLAIMED
	NUMBER	(DAY, MONTH, YEAR)	UNDER 35 U.S.C. 119
			

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application (s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)
60/126,167	March 25, 1999	Pending

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Algy Tamoshunas, Reg. No. 27,677

Jack E. Haken, Reg. No. 26,902

SEND CORRESPONDENCE TO:

Corporate Patent Counsel;
U.S. Philips Corporation; 580 White Plains Road;
Tarrytown, NY 10591

DIRECT TELEPHONE CALLS TO:
Daniel J. Piotrowski

(914) 333-9624

Dated:		Inventor's Signature:					
11/18,	/99	Mu G.	4				
Full Name	Last Name:	First Name:	Middle Name:				
of							
Inventor	Epstein	Michael	A				
Residence	City	State or Foreign Country	Country of Citizenship				
&							
Citizenship	Spring Valley	New York	United States of America				
Post	Street	City	State or Country	Zip Code			
Office				-			
Address	16 Dorset Road	Spring Valley	New York	10977			
Dated:		Inventor's Signature:					
	*						
Full Name	Last Name:	First Name:	Middle Name:				
of	\$						
Inventor							
Residence	City	State or Foreign Country					
&		1					
Citizenship							
Post	Street	City	State or Country	Zip Code			
Office							
Address				<u> </u>			
Dated:		Inventor's Signature:					
				•			
	<u></u>						
Full Name	Last Name:	First Name :	Middle Name:				
of							
Inventor							
Residence	City	State or Foreign Country	y Country of Citizenship				
&	•		· ·				
Citizenship							
Post	Street	City	State or Country	Zip Code			
Office							
Address				*\			